

Theresa Hudak, RN

Public Health Committee
March 15, 2013

SB 968 An Act Concerning Reporting of Nurse Staffing

Senator Gerratana, Representative Johnson and members of the Public Health Committee:

I work as a Registered Nurse at Danbury Hospital and I have been concerned with unsafe staffing levels for a number of years. The managers have told us what they feel is a staffing grid for productivity; yet we barely have time for lunch breaks. We continue to have to transfer patients from our unit to get others patients in. The patients require full assessments and it's usually at our change of shift.

The ratio of patients to RNs was 3:1, but since we move so frequently you could easily have 4-6 patients in a twelve-hour shift! We are to reassess our patients every 4 hours and there are often patients that require 2 people to turn and isolation patients that take more time to care for with the gowning and ungowning etc. All of this does not even take into account that unstable patients require checks every 2 hours!

We were told that the staffing grid is a guideline and that the conditions are changeable, but how do we get the help when it becomes more evident almost at the last moment – at the change of shift? Night shift gets bombarded with admissions or transfers. We have had situations where admissions from the ED show up on the floor and we haven't had the chance to listen to taped report within the 30 minutes they have sent the message, due to patient load. I inform the MAC nurse and they still show up! The pressure to move the patient out of the ED area is crucial, but so is the reception of the patient and being able to understand what the patient needs are. ***It is our license on the line.***

Thank you for allowing pt to share my concerns.

Terri Hudak, RN